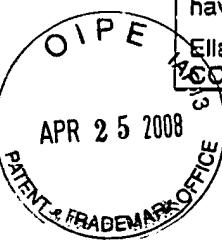


Hi Charise,  
This is the Power of Attorney from the Parent application that we talked about today. Please call me if you have any questions. Thanks!

Ella Sisco [esisco@conleyrose.com]  
CONLEY ROSE, P.C. [Phone: 713-832-1619]



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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/698,748																						
	Filing Date	August 31, 2003																						
	First Named Inventor	Charles H. Dewey																						
	Title	Downhole Motor Locking Assembly and..																						
	Art Unit	3672																						
	Examiner Name	Frank Tasy																						
	Attorney Docket No	1030-23401																						
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<input checked="" type="checkbox"/> Practitioners at Customer Number OR <input type="checkbox"/> Practitioner(s) named below:		→ 59991																						
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Please recognize or change the corresponding address for the above-identified application to: <input checked="" type="checkbox"/> The above-mentioned Customer Number OR <input type="checkbox"/> The address associated with Customer Number OR <table border="1" style="width: 100%;"> <tr> <td>Firm or <input type="checkbox"/> Individual Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td></td> </tr> <tr> <td>Country</td> <td colspan="3"></td> </tr> <tr> <td>Telephone</td> <td>Fax</td> <td colspan="2"></td> </tr> </table>					Firm or <input type="checkbox"/> Individual Name				Address				City	State	Zip		Country				Telephone	Fax		
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I am the: <input type="checkbox"/> Applicant/inventor Under 37 CFR 3.73(b) Assignee certifies that it is: <input checked="" type="checkbox"/> Assignee of record of the entire interest. Assignment Recorded 02/17/2004 at Reel/Frame 014975/0467.																								
<b>SIGNATURE of Applicant or Assignee of Record</b>																								
Signature			Date:	10-3-06																				
Name	Sean Henkel		Telephone																					
Title and Company	Division Patent Counsel, Smith International, Inc																							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*																								
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted																								

10120001\103023401\POA of Assignee (02-RB25(1))

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